SFA/School District:		LEA #:
Act	656 Attestation Stateme	ent
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
· · ·		
student who qualifies	school districts shall not cha for a reduced-cost meal. If ne Arkansas Department of Edu- trict.	ecessary to comply with
	•	
The SFA attests the qualify for reduced	at it will not charge a co-payr d-cost meals.	ment to students who
	•	
perintendent:		
nt]	[ Signature]	[Date]
ild Nutrition Director:		·
nt]	[ Signature]	

Email completed form to: ADE.CNU-A-PS@ade.arkansas.gov

CNU

Agreement and Policy Statement SY 2023-2024

Act 656